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ABSTRACT

The document presents six articles that provide a glimpse of the uniqueness of American Indian cultural conflict, focusing on aspects of the culture which warrant special attention. Since there are over 100 tribes, an effort was made to enumerate commonalities amongst the tribal cultures in looking at issues raised in the urban areas throughout the United States. The first article is a case example in social work pertaining to social development of urban Indians. The next article provides suggested techniques in grief counseling for Native Americans. The third article looks at the role Native Americans (spiritual leaders, medicine men) have in psychotherapy. The fourth article provides a brief history of the American Indian woman's role from early times to today, and then presents various roles urban American Indian women play today. The fifth article addresses sexuality and American Indians; example topics are rape, homosexuality, and sexual oppression. The last article discusses the plight of the Indian elderly in the urban areas in reference to their needs, the role of the Indian elderly, mental impairment, understanding the elderly, and the Older Americans Act. (ERB)

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THE URBAN INDIAN

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Winona DuBray Hanson

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SERVICES TO URBAN INDIANS

The following six articles provide a glimpse of the uniqueness of American Indian cultural conflict. The author has focused on aspects of the culture which warrant special attention. Because over a hundred tribes are represented in the San Francisco Bay area, an effort was made to enumerate commonalities amongst the tribal cultures, rather than focusing on specific tribes. The issues raised in these articles are applicable to urban areas throughout the Country.

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SOCIAL DEVELOPMENT AND URBAN INDIANS:
A CASE EXAMPLE IN SOCIAL WORK

By

Wynne Hanson

SOCIAL DEVELOPMENT AND URBAN INDIANS:
A CASE EXAMPLE IN SOCIAL WORK

Social Work Agencies have been, until recently, dominated by concepts involving direct service technologies. This is true, but with many notable exceptions. Throughout the history of American Social Work efforts have been made to address the sources of human problems which it is believed are external to the individual and structural in nature. Thus, while it is obvious that many individuals experience difficulties in social functioning, the problems are caused by forces and factors exogenous to those individuals. Nevertheless, once these forces have made their impact ameliorative and direct services are required.

With this brief description of a theoretical frame of reference a course of action was taken by a group of Native Americans affiliated with the Intertribal Friendship House in Oakland, California. In 1971 the Intertribal Friendship House was awarded a 5 year grant from the National Institute of Mental Health (NIMH Grant NUMBER MH 12726). This grant provided for the training of 10 Native American students in a local community college in the area of mental health. During their education the students under professional supervision provided direct services to the clients of the Intertribal Friendship House. Eventually, these students secured their Associate of Arts Degree. (Several of these students under another NIMH grant are pursuing a 4 year program that will lead to an M.S.W. degree). The point here is that without these trainees little direct services in mental health would have been provided to Native Americans which were culturally relevant. At the end of the 5 year grant the Intertribal Friendship House was faced with either abandoning what proved to be valuable service to the Urban Indian in its area or seek other sources of support.

Before proceeding, however, the setting in which the events that took place need to be described briefly: More than 40,000 Native Americans from more than 100 different tribes have emigrated from other places during other times. The exact number or close approximation of the number is difficult to ascertain, partly because of bureaucratic insensitivity, and partly due to the more recent acceleration of in-migration. More informed approximations would place the number well in excess of 60,000 persons of Native American origin. The influx of Native Americans can, at least, be traced back to the American Indian Relocation Act of 1952. Since then Native Americans in increasing numbers have left their localities to enter the 7 county San Francisco Bay Area in search of employment and improved living standards.

Like other migrants they entered a culture which was alien to them. Their belief systems were disparaged, adaptive mechanisms learned on reservations were not functional, and often they were deprived of family support systems which in the past helped them through emotional and social crises. In times of crises these cultural barriers inhibited Native Americans from seeking assistance from established mental health resources. Often the language barrier is insurmountable. The mistrust that many Native Americans have toward white professionals is also notable. Under these circumstances the Native American, under duress, seeks out the services of Urban Native American centers. Here they are not alienated by the white established medical/clinical model utilized by the majority population.

The problem, then, is how to secure continued funding for culturally relevant mental health services for Native Americans in a Native American center. Time was short, and, in addition the staff was required to provide needed daily mental health services. The Native American staff decided that first they must identify possible

funding sources, contact key persons controlling allocations, and collect the necessary data to document the needs of the Native American Community. In order to form an action system the staff decided to secure volunteers from the Native American organizations. This was done. In addition, the staff drew upon concepts involved in planning for change. The literature indicated in order for an action system to be effective to secure its goals the members must possess the necessary bases of influence.[1] It was understood from the writings of Cartwright and Zander, for example, that such things as knowledge and expertise, material resources and services,[2] legitimate authority, status and reputation and personal attractiveness are vital. To secure these the action plan included the Intertribal Friendship House which had been a hub of Native American activities for 20 years. The personnel of Intertribal Friendship House were well known to other social agencies in the community. In addition, to other Native American Agencies such established agencies as the probation department, the courts, the welfare department, and hospitals regarded Intertribal as an organization with stability and sanction of the Native American community. The board of directors of Intertribal designated the involved staff as representative of the agency in their quest for continuation funds. The staff Included the Director of Social Service of Intertribal, two Native American graduate students, and three Native American paraprofessional agency outreach workers. The plan which evolved was as follows:

1. Form an Action System
2. Assess the mental health need of the Native American Community
3. Identify the target groups and their characteristics
4. Establish goals
5. Estimate needed in-puts
6. Formulation of strategy and tactics to secure the goals

The expenses for staffing this effort were held to a minimum by the use of

graduate students and community volunteers. The decision was made that Intertribal Friendship House was the most appropriate agency to provide mental health services to the Native American community. The agency had a long history of rendering services to the community, and it was well known by those outside the community and in a position of power. The planning committee met weekly to assign tasks and report on progress and obstacles. The result of these meetings produced a comprehensive report on need assessment which was distributed and used in later meetings with various decision makers in the community.

The immediate target groups that the planning committee decided to focus upon were the county's three mental health district community boards. The intentions here were to sensitize these groups to the needs of Native Americans for mental health services and to mitigate the competition among minorities for scarce resources. Members of the committee began attending district meetings and participating in them. Previously there had been no Native American representation on these district boards. At first the Native Americans were diffident, but as they gained experience and confidence they actively participated and succeeded in winning the support of such other minorities as Asians, Chicanos, and Blacks.

With this support in hand and the published needs assessment report available for distribution the committee arranged a series of meetings with all the mental health officials in the county. The committee secured their support and valuable infor--mation concerning budgeting for mental health in the county and the sources of funds for these budgets. A mutual support system among the minority groups was developed. It was then clear that the most promising source of funds would be in revenue sharing. The allocation of revenue sharing funds was largely the responsibility of the County Board of Supervisors which governs the county.

Thus, meetings were arranged with the County Board of Supervisors. This was a new experience for the Native Americans who again approached the situation with diffidence soon overcome. During the meetings the Supervisors were provided with copies of the needs assessment report and its interpretation. Leaders and representatives of other Native American organizations and other minority organizations attended these meetings in substantial numbers to reinforce the vision of solidarity. In addition, many people from the Native American community were recruited to attend the meetings. The impression that the community was solidly behind the committees efforts could not have been more evident. The many letters of support which the committee solicited were also very helpful. Needless to say many stereotypes of Native Americans among the Supervisors had to be militated against, and perhaps, while not totally eliminated they were at least suppressed.

The outcome was that Intertribal Friendship House was successful in contracting with the county to deliver mental health services. Intertribal was enabled to hire four full time staff members. Native Americans increased their participation on community boards and several Native Americans were appointed to the Mental Health Board, the County Manpower Board, the Children's Interest Board, and the County Social Service Board. These boards comprise a major policy input for decision makers in the county which affects the quality of life for Native American people in the community.

This example is just one of several projects Native Americans using the social development approach have succeeded in achieving, and others are underway.

1. Dorwin Cartwright and Alvin Zander
Group Dynamics (New York: Harper and Row, 1968) pp. 215-35.

2. Morris and Binstock.
Feasible Planning for Social Change pp.113-27

GRIEF COUNSELING WITH NATIVE AMERICANS

By

Wynne Hanson

GRIEF COUNSELING WITH NATIVE AMERICANS

As mental health programs for Native Americans are developed, there is an increasing need for mental health practitioners to understand the burial customs among Indian tribes if services are to be therapeutic (Ablon, 1971). It follows that any discussion of grief counseling must take into consideration the values of the Indian client, his philosophy of life, his attitude toward death, his cultural traditions, and his assumptive world (Kubler-Ross, 1969). This paper will discuss the complexities of grief counseling in the urban Indian community, encompassing behavioral stereotypes, customs and counseling techniques. Before this discussion takes place we first need to follow the migration of Indian people from the reservations into urban areas.

URBAN MIGRATION

Native Americans of over a hundred different tribes have migrated to the San Francisco Bay Area in increased numbers over the past two decades, beginning with the enactment of the Relocation Act of 1952 (Stuart, 1977). In reviewing the literature, the situation appears to be one where the Bureau of Indian Affairs hoped to assimilate the Indians into the mainstream of the population by encouraging them to move to the cities with the promise of training and jobs. However, the Indians, like other ethnic migrants, formed their own communities in the cities for emotional support and survival. Though assimilation did take place to a minor extent, many Indians chose to socialize only with their own people. The urban migration (relocation) program was started in the hope of providing the Indians with training and jobs to sustain them in the cities. To this day the comment made by Senator Watkins of Utah is repeated as representative of the attitude of the federal government: "The sooner we can get the Indians into the cities, the sooner the government can get out of the Indian business" (Ameri

Indian Policy Review Commission, 1976). From 1952 through 1968, some 67,522 Indian heads of household were relocated through this direct employment program. Today there are more Indians living in urban areas than on the reservations (U.S. Bureau of the Census, 1970).

Urban areas usually have more sophisticated social services available, particularly psychiatrists and other mental health resources. Unfortunately, most Native Americans do not receive these sophisticated services because they are largely irrelevant to Indians' emotional needs (Barter, 1974). During the past 10 years, urban Indian centers have been the primary providers of culturally sensitive mental health services to urban Indians (Ablon, 1971). Where no urban Indian centers exist, the Native American in an urban setting must rely on a service delivery system of western medicine that was designed for and by the White majority -- a fact that Asians, Blacks, Chicanos, and other minorities have also pointed out repeatedly, to no avail. The result is that Native Americans do not use these services.

STEREOTYPES

Tribal affiliation is the Native American's most basic identification. The tribal teachings and experiences determine to a great extent the personality, values, and life goals of the individual, including the meaning of death and customs surrounding the burial of the dead. Because of extreme froms of discrimination toward Indians in certain parts of the country, many Indians have denied their tribal affiliation in fear of losing their lives or suffering physical harm.

The attitude of American society towards Native Americans is a strangely ambivalent one. The popular holistic health movement with its emphasis on the harmony of body, mind, and spirit embraces to a great extent the world view of

Native Americans with their emphasis on the natural harmony of all living things. Native American art and jewelry have never been more popular. People everywhere seem to be wearing turquoise rings, bracelets, and necklaces handcrafted by Indian silversmiths. Indian symbols and designs are found on the wallpaper, bedspreads, and rugs of plush Fifth Avenue apartments. Indian-designed sweaters are seen from coast to coast. It would appear that the Indian culture is to be admired and embraced.

On the other hand, social scientists, television, and the film industry portray a drunken Indian, suicidal and hopeless. Native Americans are either to be glorified and idealized as having mystical wisdom or ridiculed and stigmatized as being the shame of society. Mental health practitioners need to understand the self-image predicament Native Americans find themselves in when reacting to these extremely positive or negative stereotypes. The Indian client desires to be seen as a human being, with feelings of pride in his heritage and a desire for others to respect his beliefs and cultural traditions.

Negative stereotypes of Native Americans contribute to false impressions of behavioral adjustment (Shore, 1974). One commonly held assumption is that Indians as a group have many psychiatric problems and there is no hope for them (Beiser, 1974). After working with Native Americans of over a hundred tribes in the San Francisco Bay Area, I can recall a dramatic example of a young Hopi man experiencing auditory hallucinations after a family death. The local psychiatric emergency ward erroneously interpreted the hallucination as a psychotic symptom rather than part of the symptom complex associated with unresolved grief. Our agency intervened and this man was returned to the reservation to participate in a series of rituals and tribal ceremonies appropriate for the burial of the dead. Shortly after the ceremony he was free from the hallucinations. This man could have been hospitalized in a state mental hospital as a psychotic patient if Native

American mental health personnel had not intervened on his behalf. In most instances practices that are difficult to understand are usually interpreted as indicators of psychopathology by the dominant society. There are other examples of a blending of healing and worship in the literature for the improvement of mental health as opposed to a diagnosis of pathology and long term treatment (Bergman, 1973).

BURIAL PRACTICES

At least some urban Indians migrate back to the reservations when old age approaches. Many who have lived most of their adult lives in the city wish to be buried, when death comes, on their home reservation. This creates problems of a financial nature for the survivors, since to do so entails two funerals and additional costs to transport the deceased. Some tribal offices will give assistance in providing funds for travel for survivors and funeral costs depending on the amount of funds available. For some the desire to return to the homeland is indicative of a sacredness of the land. Some tribal cultures have been accustomed to having wakes for the family of the deceased. This is prevented in many urban areas as a violation of city and state laws. Thus the grieving process is sometimes interrupted and delayed until years later (Kubler-Ross, 1969). A few tribes have a specific number of days set aside for the mourner to grieve. During this time no work is done by the mourners. Friends of the family take care of the cooking and other necessary housekeeping chores. Other tribal beliefs require the deceased to be buried within 24 hours. This creates problems for the families in urban areas when funeral directors are insensitive to these beliefs and fail to cooperate.

THE LANGUAGE OF GRIEF

Nothing can begin to compensate for the loss of a loved one. Similarly, words cannot fully express our grief feelings. The loneliness, emptiness, and sadness

cannot be adequately conveyed. Even the most eloquent C. S. Lewis wrote:

> "Grief feels most like fear. No one ever told me loss felt like fear. The fluttering in my stomach, the same yawning, and I keep swallowing. Perhaps, more strictly, it feels like suspense. Or like waiting, just hanging about waiting for something to happen. I can't settle down. I fidget. I smoke too much. Up until this loss I had too little time. Now there is nothing but time."
>
> (Lewis, 1961)

Colin Murray Parker saw grieving resembling a physical injury: "The loss may be spoken of as a blow. As in the case of a physical injury, the 'wound' heals gradually. But occasionally complications set in, healing is delayed, or a further injury reopens a healing wound" (Parker, 1972). Edgar N. Jackson wrote, "Grief is a universal human experience. It is the strong emotion we feel when we come face to face with the death of someone who has been a part of our lives" (Jackson, 1961). Emotions cannot truly be described. In attempting to express our grief, the deepest and truest things about our feelings will stay unsaid. Words grow fewer. Touching or being touched "says" more than words. Memories from childhood remind us that a touch is the most comforting mode of communication available to us.

COUNSELING TECHNIQUES

It is important in grief counseling to assess the meaning of death, the customs surrounding funerals and the personal wishes of the client survivor. The treatment of the deceased after death is of utmost importance as is the participation for some Native American clients in certain rituals and ceremonies. Interruptions in these processes have a direct effect on resolution of the grief process of the survivors (Bergman, 1973)

In counseling Native American clients who are experiencing grief, I have found Ira Tanner's method most effective (Tanner, 1976). His method includes information on the facts of healing, validation, and confrontation. The client needs to know what feelings to expect in order to allow the grieving process to flow naturally. Clients need to hear from others that the loss has indeed happened. Funerals and tribal ceremonies help to validate the reality of a death. Responsible confrontation is also necessary for sound physical and emotional healing.

The client survivor should be encouraged to share his feelings and ventilate his anger. The bereaved may need help for months after the funeral to allow them to work through their feelings of guilt and anger (Kubler-Ross, 1969). It is important that the practitioner tolerate the client's anger, regardless of whether it is directed at the deceased, at God, or at the helping professions. In this way the bereaved takes a step toward acceptance of the loss without guilt. If we blame the client for feeling angry we may prolong their grief, shame, and guilt, often resulting in physical and emotional ill-health.

Because of the cultural and communication barriers existing between some Native Americans and societal institutions it is sometimes necessary for the mental health practitioner to play an active role in the funeral arrangements and legal steps after a death. This may involve assistance with disposal of property, assistance with obtaining social security benefits, obtaining the death certificate, legal assistance, etc. Social workers at the Intertribal Friendship House in Oakland, California frequently act as advocates for clients with funeral arrangements, especially when the deceased is transported back to the home reservation. For this reason the social work profession plays an integral part in grief counseling of Native Americans.

When social workers and other mental health practitioners become aware of the cultural factors involved in the symptom complex associated with unresolved grief for Native Americans, the incidence of grief resolution should occur more frequently with these clients.

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NATIVE AMERICAN STYLE OF PSYCHOTHERAPY

By

Wynne Hanson

NATIVE AMERICAN STYLE OF PSYCHOTHERAPY

Native Americans like other people areinfluenced by the behavior of others towards them. Their family and friends along with their tribal affiliation shape their behavior, attitudes, values, self image and world view.

Attempts to aleviate suffering are usually labeled treatment and every society usually trains some of its members to assume this responsibility. Certain types of therapy rely upon the healers ability to mobilize healing forces within the client by psychological means. In the Native American community this responsibility is shared by spiritual leaders, medicine men and mental health counselors.

MENTAL HEALTH COUNSELING

Since many forms of personal interaction may affect a persons sense of well-being and could be considered therapeutic, the definition of mental health counseling must of necessity be somewhat arbitrary. We shall consider as mental health counseling only the following:

1. A trained, socially sanctioned healer, whose healing powers are accepted by the sufferer and by his social or ethnic group.
2. A sufferer who seeks relief from a healer.
3. A series of contacts between the healer and the sufferer, through which the healer often with the aid of a group tries to produce certain changes in the sufferers emotional state, attitudes and behavior.[1]

EMOTIONAL PROBLEMS

The words mentally ill and psychiatric treatment are not popular in the Native American community. Native Americans clients are more comfortable with the words counseling and emotional problems rather than the above.

Native Americans like other people are subject to difficulty coping with their environment. A divorce, a death in the family or other crisis may create disturbances in thinking, feeling, and communicative behavior. Some clients may suffer from a distorted view of himself, faulty communication with others or a damaging experience of early life.

Mental health counseling cannot be divorced from cultural influences. Since Native Americans are primarily a religious people; healing rituals merge with mental health counseling to a great extent.

Though Religion is an important ingredient of Indian Counseling, one of the basic wishes of the traditional American Indian is that his religious attitudes, beliefs and ideologies be not discussed or examined. The Indian feels that to do so is to upset the balance and rightness of his cosmos. Thus, there are many limitations and restrictions upon what can be shared with non-Indians in the form of lectures and published articles. It is with this in mind that the focus of this paper be concentrated on other aspects of Indian psychology.

The "Indian philosophy" has recently come into sharp focus--as more and more Americans become disenchanted with the emptiness of materialism. In addition national concern about ecology has turned the attention of the masses toward the native peoples who for untold centuries lived in harmony with man, animals and nature.

THE INDIAN GESTALT VIEW

The average Indian knows his mind intimately, he has spent much time developing his psychic abilities. He believes that he is born with natural abilities to look into the future as well as communicate non-verbally with other people.[2] Present day researchers in parapsychology have agreed that American Indians possess psychic abilities far surpassing all other ethnic groups. The Indian sees the mind, body and spirit as inseparable. He sees <u>feelings</u> as the most important unit of human function giving meaning to life. The gestalt form of perception, which seems intuitive among Indians is in sharp contrast to the preoccupation of "White" psychologists with analysis of personality variables to the 4th decimal point.

The non-verbalized communication of Indians is described best by DeLoria.[3]

> "Most meetings held by Indians come to no conclusion which could be understood as agreements to do certain things. But every person attending a high-level meeting of Indians knows exactly what course of action will be supported by the majority of tribes and exactly how to interpret the actions of the meeting to his people"

Indians as a general rule do not relate to the descriptions and dynamics of abnormal psychology or ego psychology. They wish to emphasize feelings. The capacity to "feel" is expressed in terms of "Vibrations" received from other Indians and understood by them. This allows automatic communication by non-verbal means. It is clear then that the striving for precise verbality among whites is foreign to the American Indian's concept of communication.

Understatement and trance continue to be a basic part of the Indian style of Counseling.

[4]It is interesting to note that the seventeenth-Century Iroquois, as discribed in detail by Jesuit missionaries, actually practiced a dream analysis which was remarkably similar to Freud's discovery two hundred years later in Vienna. The Iroquois tribe recognized the existence of an unconscious, the force of unconscious desires, how the conscious mind attempts to repress unpleasant thoughts, how these unpleasant thoughts emerge in dreams and how the frustration of unconscious desires may cause mental and physical (psychosomatic) illnesses. The Iroquois faith in dreams is only somewhat diminished after more than three hundred years.

Indian Counseling may take the form of relaxed story telling with the use of indirect suggestion and metaphor frequently appearing in the legends.

Because of the low economic status of many Native Americans it is no surprise that emotional strain is evident. Counseling must of necessity focus on alleviation of environmental pressures related to housing, food and medical care.

THE ASSUMPTIVE WORLD OF NATIVE AMERICANS

Each person developes assumptions about himself and the world in which he lives based upon his experiences, enabling him to predict the behavior of others and the outcome of his own actions. The totality of each persons assumptions may be called his "assumptive world" [5]

The assumptive world of the Native American reflects a distrust of societal institutions based upon negative experiences with the Bureau of Indian Affairs and other institutions. Included is a distaste for the educational process which forbade the cultural practices of religion, Native language and the art of beading. Because the assumptive world is the sum total of attitudes based upon experiences either negative or positive it is important to discuss the process related to the formulation of attitudes involving the emotional state accompanying the initial experience. Attitudes that are connected with a sense of uncertainty or confusion or with the prediction of an unfavorable outcome tend to generate unpleasant emotions such as anxiety, panic and despair. Those that give a person a sense of security and promise a better future are related to feelings of hope, faith and security. These emotional states largely determine a persons state of well-being.

Attitudes may be enduring or transient. Some attitudes are held with firm conviction and endure from one generation to another. One such attitude is the Native Americans distrust of the federal government based upon the long history of oppression and control of his land, his health and his education.

It is no wonder that Native Americans have difficulty relating to white mental health personnel regardless of how good the intentions. The white therapist in most instances is at a great disadvantage because of the assumptive world of the Native American client. On the other hand a Native American therapist has a great advantage because of the clients assumption that the therapist can be trusted. The Native American therapist can engender feelings of faith, hope and security without even trying.

CULTURAL CONFLICT

Many Indian people suffer from an identity crisis brought on by the clash of their tribal culture and the American white middle class culture.

The values of individualiam, future orientation, competitiveness, materialism and strong self importance are in conflict with Indian values which are directly opposite.

The following chart includes other conflicting values which are a source of confusion and frustration to Indian clients. It is important to note that many well meaning therapists impose Anglo values on Indian clients as a result of their ignorance of Indian values.

INDIANNESS

AMERICAN INDIAN IDENTITY CONTINUUM

Degree of Indian Blood

ASSIMILATED AMERICAN		INDIAN
Urban/Industrial values		Tribal/Traditional values
individual emphasis		group, clan emphasis
future oriented		present oriented
time, awareness		time, non-awareness
youth		age
competition, concern aquisition for self		cooperation, service concern for groups
conquest of nature		harmony with nature
saving		giving
theoretical		pragmatic
impatience		patience
skeptical		mystical
guilt		shame
social coercion		permissiveness
immediate family		extended family, clan
materialistic		non-materialistic
aggressive		non-aggressive
overstates, over-confident		modest
noise		silence
converts others to religion		respects other religion
religion - segment of life		religion - way of life
land, water, forest private domain		land, water, forest belongs to all
avarice and greedy use of resources		beneficial, reasonable use of resources
wealth		equality
representative gov't		face to face gov't
space living-privacy-use of roominess		compact living-close contact, indoors high space utilization
strong self importance		low self value

Identity Crisis "Who am I?"

BREAKDOWN OF THE INDIAN GROUP

MAINTENANCE OF THE INDIAN GROUP

DECULTURATION TREND

ACCULTURATION TREND

CHOICE OF MODALITY

The modality most appropriate in counseling Native Americans (where many tribes are represented such as an urban Indian center) is Carl Rogers non-directive client centered approach. Native Americans are uncomfortable with a direct probing approach and will usually withdraw and become non-communicative. A non-direct visiting approach will bring much better results in gaining information for an initial assessment.

The exception here is in cases of extreme crisis. In this instance a more direct approach is tolerated because the client is suffering extreme mental anquish and is desperate for any counselor to alleviate the suffering.

Modalities of conjoint family therapy and conjoint marriage counseling are appropriate when adapted to the tribal culture. These modalities will be addressed in another part of this monograph under marriage counseling. Gestalt techniques are usually inappropriate as Native Americans are hesitant to play roles and participate in exercises of fantasy. Transactional Analysis has been used by some counselors in alcoholic programs with some success. The existential and phenomenological theoretical approach are in harmony with much of Native American religion and philosophy. The Gestalt philosophy of wholeness is appropriate, it is the techniques for achieving this which are inappropriate.

TREATMENT OF PSYCHOTIC CLIENTS

Psychotic clients are accepted by the Native American community and there is no visable evidence to ostracize them from social activities. This attitude is in harmony with the denial of mental illness as such and the reluctance to consider emotional problems as mental illness.

Many urban Indian Centers function as community mental health centers with social clubs for the socially isolated (psychotic clients) such as youth groups, womens groups and other activities. Mental health services are delivered in these agencies by Native American social workers who are trained in working with clients suffering from depression, schizophrenia, family problems and family crises. These services have arisen in response to the emerging needs of Native Americans adjusting to environmental pressures of the urban community.

FOOTNOTES

1. This definition has been borrowed from Frank. The use of the word healer is given more emphasis here as it carries a religious connotation. (Frank, 1961, p2.)
2. Lecture by Gerri Patton, researcher in Parapsychology, John F. Kennedy University, Orinda, California 1980.
3. DeLoria, Vine Jr. We Talk You Listen Macmillan Co., New York 1970.
4. Farb, Peter. Man's Rise to Civilization, (page 136) Avon Books, 1968.
5. This term has been borrowed from Cantril, but it is given a much broader meaning here. He confines it to perceptions only. (Cantril, 1950, p.87.)

THE URBAN INDIAN WOMAN AND HER FAMILY

By

Wynne Hanson

"With eyes tightly closed,
ye must dance.
To you who dare to see
Forever red thine eyes
will be."

An Indian Song[1]

The New Indian Woman is dramatically moving from the safe protected environment of the home into the competitive arenas of politics, higher education and administration. This paper, written from the perspective of a Lakota educator provides an overview of the internal and external forces acting upon the Indian woman today.

In the last decade Urban Indian women have become increasingly active in the political arena. The shortage of Indian men and other changing circumstances have created a demand for more active participation of Indian women in all phases of Indian life. On the other hand the active participation of Indian women in positions formerly held by men is seen as emasculation by many Indian men.

This activity on the part of Indian women has many consequences. Indian men (as other men) are sometimes resentful of being supervised by women administrators and are reluctant to serve on boards dominated by women. Indian women receive little support from the men in dealing with the added pressures of administrative responsibilities in addition to normal family demands. Additional stress is placed upon the Indian family as this trend continues.

HISTORICAL BACKGROUND

The American Indian woman today is influenced by internal and external forces which have their antecedents in tribal history, in historical events from before and after initial contact with the European culture.

Literature about Indian women living in the early 1700s, before contact with the white settlers, is sparse. Anthropological studies which exist are written from the perspective of the white male, in which " . . . Native women have been referred to as drudges, beasts of burden, and other demoralizing terms."[2] It is more than possible that Indian women in history were not permitted to interact with non-Indian men due to cultural constraints. Margaret Mead,[3] conducted a careful study of

the Indian womans' role. (1935). Her work is a most comprehensive guide to the student of the American Indian. Despite the deficiencies of anthropological studies to accurately portray the early American Indian women, it is still possible to gain enough information to recreate the status and role of the Indian woman and her activities in the pre-reservation tribal setting by referring to Indian writers such as La Pointe and Medicine.

> "You must endeavor to lead wholesome lives. Many bold young men with persuasive tongues will whisper convincing talk in your ear. They will hold you. You will be tempted. Restrain yourself; do not answer the call of nature. You will know when your man comes along. There will be pleasurable times for you. Teach your children to walk upon the red road (equivalent to the white man's straight and narrow path). Teach them to be mindful of the weak and the needy. Teach them to share their fortunes with others. Base emotions are harmful and must be repressed."[4]
>
> A Formula for Proper Living Given to Young Indian Virgins (La Pointe, 1976)

It is impossible to describe the early life of women with the diversity of tribes. The Lakota tribe has been selected for the purpose of presenting the Indian woman as a unique and viable being who shares a body of common experience with all women of diverse cultures. The Lakota women were exceptionally vigorous, healthy and active women. The Lakota tribe viewed the woman as someone with a peaceful heart, someone who never strikes out against anyone. The Indian man regarded his wife most kindly, and the people noticing his respect for her, remembered the women's high place in the tribe.

When the woman consented to marriage she vowed to perform her work properly and act in a manner that honored her husband. She would gladly stay inside the lodge and not run around like a child if only he would smile his approval at her. Two or three days after the man's proposal for marriage she might present him a pair of moccasins to reveal her willingness to live as his wife. Her father and relatives, by keeping his gifts, make known their approval. Her new husband may brush and arrange her hair in the manner her father looked after her mother's hair. Occasionally she would glance toward her husband looking for a sign that would tell his desire, perhaps for pipe or food.

It was the womans' role to rise at dawn and prepare food for her family. This meant carrying wood and water and building a fire. When these chores were completed she tidied up the lodge and relaxed to her quilling of moccasins for the family members. She tanned hides for robes and lodge covers to use when needed. Later, after the dinner was served and cleared away the family settled down for a long evening of story telling, teasing, and play. The Indian woman, independent for the most part, played a submissive supportive role to the husband. She could express her concerns, but he made most decisions affecting the family. It was also customary for the husband to take additional wives, sometimes younger sisters of his wife, to assist in the homemaking chores of food preparation and tanning. This custom brought much sadness and mental anguish to women as they competed for the husband's affection and attention. It was not uncommon for women to commit suicide by hanging when their

husbands took a second younger wife!

By the early 1800's, the white fur traders began to trade guns, beads and alcohol to the Lakota Indians in exchange for furs. It was at this time that a breakdown of the cultural customs began. Indian men and women under the influence of alcohol began to neglect their families and tribal responsibilities. Indian women began to inter-marry with the English and French fur traders. In 1805, the United States government coerced tribal leaders into signing treaties they could not read thus not understand.[5] By 1862, these treaties opened the territory to homesteaders and miners who flocked in by the hundreds and thousands. Almost immediately after contact with the Europeans, Indians began to suffer a decline in health. By the middle 1800's epidemics of cholera, measles and smallpox wiped out entire villages.

"Where my people fall and now lie buried,
those lands are still mine. . . . . ."
Crazy Horse

Soon after, the Indian families were forced to adapt to life on the reservation. This adaption slowly destroyed a way of life that had been functional for thousands of years. The Sacred Black Hills were taken by an illegal treaty, the buffalo were destroyed for furs, and the language and religious practices were forbidden by the missionary schools. Children were torn from their parents to begin the long process of assimilation (or genocide).

In 1849, the Bureau of Indian Affairs was given full authority to oversee the activities of the Indian people.

In 1887, the land was divided into allottments and individual ownership was given Indians who were to become farmers and ranchers. (Dawes Act). The Indian men who had lived by hunting buffalo and deer now had to find new fields of achievement. There was no opportunity for recognition as a brave warrior or a great hunter. He did not even have the joy of watching his children grow to adulthood. They were strangers to him if and when they returned from the missionary boarding schools.[6]
The Indian women suffered as well. She quietly watched her children taken from her[7] and painfully saw the deterioration of her husband as dreams of self fulfillment became less and less of a reality.

In the middle of the 1900's Congress passed the Relocation Act of 1952.[8] The Bureau of Indian Affairs hoped to assimilate the Indians into the mainstream of the population by encouraging them to move to the cities with promises of training and jobs. The Indians like other ethnic migrants formed their own communities in the cities for emotional support and survival. From 1952 through 1968 some 67,522 Indians (heads of households) were relocated through this direct employment program.

Today there are more Indians living in urban areas than on the reservations.[9]

Most Indian families adjusted to urban life at great emotional and spiritual cost. Others could not adjust and eventually returned to the reservation even more discouraged than before. The Urban Indian Centers evolved out of this need for fellowship, emotional support and a sense of community. During the last twenty years, Urban Indian Centers have been the prime providers of social services to Indians mainly because of Indian staffing and relevant casework services.[10] The personnel staffing Urban Indian Centers, themselves relocatees, provide a warm friendly welcome to newly arrived Indians and provide social activities to assist them in the adjustment process.

The number of contemporary studies of Indian women are few, except for Gridley's Native American Women[11] which addresses the adjustment of Indian women in boarding schools, her alienation from family and lack of employment opportunities on the reservation. A more recent and one of the contemporary studies was done by Dr. Bea Medicine, a Lakota Anthropologist, The Native American Woman.[12]

This brief lucidly written monograph from an anthropological perspective is most rewarding to read. It is essential for anyone teaching or working with Indian women.

There is a great need for studies and literature which portray the Indian woman of today. What are her aspirations, her goals, her conflicts and her successes? It is important to the Indian Community to be aware of where women are going and what impact they have in the areas of education, law,

health, politics, employment and family life.

The aspirations of Indian women are to somehow combine the best of two worlds, to survive and to keep their families intact. To achieve these goals requires many Indian women to enter the world of the employed. The necessity of employment creates conflicts in dividing loyalties between family and career. The responsibility for teaching the cultural traditions to the young usually falls on the Indian woman. Indian operated day care centers help to aleviate this problem as the Indian culture is usually emphasized in the instruction of the children.

A philosophy which still persists is faith in a spirit world which Indian women turn to for guidance and strength. The extended family for some women provides a natural support system in times of crisis. Other women choose to request assistance from Urban Indian Centers or Community Mental Health Centers.

Residual persistences with roots in the tribal culture can be observed in the personalities of most Indian women.

RESIDUAL PERSISTENCES

Many tribal characteristics have survived and persisted in spite of strong external pressures to assimilate. The oral tradition of passing information from one generation to the next has persisted and is a commonality of all tribes. Spiritual values, generosity, autonomy and decisions by consensus have also persisted in most tribes. The harmony of all living things, and reverence for the land underly the basic philosophy of most Indian people. Many mannerisms which are uniquely tribal have also persisted. The Lakota mannerism of pointing with ones chin is one of many which could be noted.

A modern thesis, put forward with some empirical findings, proposes a correlation between basic personality structure and cultural persistence. Irving Hallowell[13] conducted a study to determine the degree of agreement or conformity existing between the observable acculturated behavior and the covert, inner life of the people. The outline of post-contact Chippewa culture was reconstructed based upon accounts of explorers, fur traders, missionaries and others who had close association with the Indians in the Seventeenth and Eighteenth centuries. This material was supplemented by field observations and projective tests administered to adults and children.

He found "a considerable body of evidence that points to a persistent core of psychological characteristics sufficient to identify a tribal personality constellation, that is clearly discernible through all levels of acculturation yet studied."

There may be disagreement in naming the elements that should be included in such a psychological inventory. Some commonalities are the following: restrained and non-demonstrative emotional bearings, high degree of control over aggressive acts, acceptance of pain, hardship, hunger and frustration without voicing complaint, dependence upon supernatural power, and joking relationships with kinsmen as a device for relieving pressure within the group.

Other residual persistences can be observed which allow Indian women to maintain unique manifestations of tribalness. It was a custom for Lakota women to instruct their daughters and granddaughters in proper conduct throughout adulthood. On the other hand sons were turned over to the father at age ten for instruction and guidance and rarely had direction from their mothers thereafter. Evidence of these practices can still be observed in Lakota families. Unfortunately in fatherless homes the young sons are without guidance and mothers are reluctant to assume this responsibility for fear of creating a Winkte or "Sissy". This manifestation of tribalness is an example of residual persistence. The values, belief systems and parenting practices of the tribe determine the status and role of women within each culture. Indian women also respond to internal and external forces within a context that is acceptable to their tribal affiliation. Not to do so creates internal conflict. When residual persistence is minimal Indian women experience less internal conflict and role strain.

Internal and external forces acting on American Indian women today elicit varying responses. Inherant in the response to these social forces is the psychological set and the cultural value configuration of tribal affiliation and the degree of assimilation into the ambient society.

THE EMERGING PERSONALITY

The psychological set for Indian women as well as others is dependent upon historical events, genetic influences and their psycho-social development. Culture determines some personality traits and assigns the roles as well as the expectations. For most Indian women (as well as non-Indian women) the role is subservient to the male role. Hers has been primarily the role of homemaker. The new Indian woman is experiencing role transition.

The Indian woman depends upon her tribal affiliation for her basic identity and self image. Because of extreme forms of discrimination toward Indians in some parts of the country, many Indians have denied their tribal affiliation in fear of suffering physical harm. The result is that some Indian women suffer from this need to hide their identity. Other factors which contribute to a negative self image are media stereotypes which portray Indians as cruel savages or drunken and hopeless. In many instances practices that are difficult to understand are usually interpreted as indicators of psychopathology by the dominant society. Many practices of Indian people are misunderstood and diagnosed pathological.

Indian women have accepted some of the customs of the dominant society in the process of assimilation. Assimilated Indian women prefer professional counselors when they are in need of guidance rather than turning to extended family or traditional healers.

Indian administrators find decisions by consensus are unworkable in large social agencies with federal and state accountability.

It appears that the assimilated Indian woman with minimal residual persistences experiences less internal conflict and role strain.

CASE VIGNETTES

The following case vignettes provide a glimpse of Indian women who successfully face new challenges in a changing world. Living in a pluralistic society, they maintain their unique manifestations of tribalness. They are aware of having lost something of great value never to be replaced in the new world in which they live. They are, however, faithful guardians of what can be preserved of their cultural traditions and values. Chosen are five women who were reared on the reservation and migrated to the urban area in search of a better life. They are healthy, motivated women who successfully made the transition from reservation life to urban life. Their age range is 35 to 65. All attended boarding schools at sometime in their life. Each married an Indian man. They represent different tribes and educational levels. The tribes represented are Blackfeet, Lakota, Chippewa and Creek. These women did not have the support of an extended family in their successful adjustment to urban life. The names and historical events of their lives have been changed to disguise their identity. They presently live in several states.

Delphine is a 63 year old Lakota woman, married mother of four grown children. She was the third of ten children born to Lakota parents. Her mother was orphaned at age 9 and spent most of her life in boarding schools. The mother graduated from Carlyle Indian School at age 21. She never smoked, drank or wore make up. She was a devoted mother who never worked outside of the home. She was converted to Catholicism, in boarding school,

and reared her 9 surviving children in the church. Her guiding rule which she lived by was, "the womans' place is in the home". Delphine's father dropped out of school in 4th grade. He married Delphine's mother at age 30. Most of his adult life was spent farming and raising herefords on a 2000 acre ranch. Delphine's parents remained married until death and lived on the same ranch for 43 years.

Delphine attended boarding school and upon graduation from high school attended Haskel Institute in Lawrence, Kansas, where she majored in business. After graduation she met and married a Lakota man and moved to Minneapolis. The marriage ceremony was performed by a Lakota medicine man. Delphine and her husband were both in their late twenties at the time of their marriage. For several years Delphine chose to work before having children. The couple purchased a home in a quiet residential neighborhood. After the birth of their first child Delphine quit her job and assumed the role of full-time homemaker. She became active on school committees and was a devoted mother to their three daughters and one son. When the youngest child started school, Delphine returned to work as a secretary for the school district. Her job allowed her to work while the children were in school and to spend the summers at home. During the child rearing years the family returned several times a year to the reservation to visit family and friends and to participate in religious ceremonies. Their co-workers in the city became their support system.

This was a close knit family with Delphine internalizing her mother's emphasis on homemaking. Delphine experienced little role conflict in arranging to work when the children were in school. She still was able to use her business training to pursue her personal goals. Delphine has continuously honored the male personality of her Lakota husband by remaining submissive to his leadership in the home, and in the rearing of their son. The couple purchased a twenty acre parcel of land and built a small retirement cabin. It was their dream to return to the country after retirement. They appear to be content in this heavily wooded area that borders a private lake in Wisconsin. Their four children and their families are frequent visitors and Delphine and her husband enjoy teaching the Lakota history to their grandchildren.

Mary is a 46 year old Lakota woman who was orphaned at age 13, and reared by an older sister. She was the youngest of 5 children. She married a Lakota man at age 18. They moved to an urban area in search of a better life. Mary gave birth to 3 children during the 15 years of marriage. The accidental death of her husband ended her marriage. As a young widow with children to rear she turned to personnel at the local Urban Indian Center as a support system. She accepted AFDC until she completed nurses training. After graduation she accepted employment in private nursing for several years. Then she became interested in psychology. She is now completing work on her Masters degree in psychology. Mary works as an administrator in a social service agency. She has

supervised male social workers from her own tribe as well as the Southwest tribes. She has sensed a resentment on their part in responding to a woman supervisor. Mary has been very active on community boards. She experiences little conflict in asserting herself as a community leader. She did not assume an active role, however, until she became widowed. Her education has also contributed to her leadership skills along with external forces encouraging her to speak out for her clients.

Mary experiences some role conflict between career and motherhood. Being single she must be the solitary parent to three children living at home. She frequently attends Pow Wows and spends much of her off-duty hours with her children and grandchildren. She is a remarkably strong woman. Mary arises at 5 A.M. to complete homemaking chores before going to work. She frequently attends classes which last until late evening. Her children have been trained to prepare meals and function in her absence. They are also taught to think and make decisions independently which is a Lakota tradition.

Justine is a 52 year old Chippewa woman. She is married and the mother of 2 children. She attended boarding school and two years of Junior College. She relocated to the urban area under the Relocation Act. During her first years in the city, she worked as a Nurses Aid until she entered a human service training program at the Junior college level. Since then she has worked as a social worker and more recently as an agency director. She is an energetic woman with an optimistic attitude. She has been active on

many boards and in community activities. She attends local Pow Wows and cultural activities with enthusiasm. She has experienced some resentment from Indian men working under her supervision. She has handled these incidents tactfully.

Justine has an unhappy marriage and is presently separated from her husband. She has experienced the problem of holding a more prestigious and higher paying job than her husband which has contributed to their marital problems. She has, however, a strong sense of purpose in helping Indian people which appears to be more gratifying to her than her marriage relationship. Her 2 children are college students with majors in human services. She does not acknowledge any role strain between career and motherhood. She has a positive relationship with her children.

Juanita is a 55 year old Blackfeet woman, married with no children. Her husband, a Chippewa is a retired carpenter who spends most of his time doing volunteer work with the Indian elderly. Juanita has worked for 25 years as a bookkeeper in an Indian Arts and Crafts Center. Their support system has been personnel from the local Urban Indian Center. Juanita has held a homemaker role combined with an office career. This couple attends all Pow Wows and Indian cultural affairs. Trips to their reservation in Red Lake, Minnesota have been taken on an annual basis. In this way ties are maintained with relatives and friends. They have spent 25 years in the urban area and are undecided where they will live their retirement. They have been active in Indian bowling and athletic leagues over the years. The leagues have also served as a support system.

Kathy is a 35 year old Creek, mother of three children, married to a Choctaw man. She was raised in a foster home before moving to the urban area. Kathy worked as a bookkeeper before attending college, where she majored in social work. After graduating with a BA, she was accepted into law school. Kathy separated from her husband and later became active in the Red Women Society and the American Indian Movement. Kathy sees herself as a leader in the Indian Community with a specific mission of assisting Indians with legal problems. Kathy's support system has been personnel from a local Urban Indian Center. It appears her pursuit of a career created problems in her marriage. Her choice was to pursue her career even if it meant the dissolution of the marriage. Kathy experiences role strain as a single parent. She utilizes Day Care facilities and other support services for her children.

It can be seen from these vignettes that some Indian women are preparing for leadership roles while others are actively filling those roles. Culture is a significant factor in two areas. One, accepting the assignment of the female role of homemaker but also in providing the cause for a leadership role. Education is important to provide options for Indian women to the traditional homemaker role, or in conjunction with the homemaker role.

The National Institute of Mental Health has funded five Native American Social Work projects throughout the Nation. These projects provide stipends for students in undergraduate and graduate studies.

San Francisco State University department of Social Work education was awarded a five year training grant in July 1977. Eight American Indian students, six of which are women are now studying toward their Master in Social Work degree. Federally funded programs such as this one provide recruitment, financial support and encouragement to Indian women seeking to fulfill their potential.

Indian women demonstrate a resilience and exceptional ability to adapt. They found support systems and maintained their cultural heritage while living in two worlds. They are making significant contributions to the Indian Nation through a combination of roles which are often in conflict. They are pursuing careers in social work, law, and local politics, yet they teach the cultural heritage to their children, and they provide role models for their children and other women.

To a great extent these women are experiencing similar role conflicts as women in the ambient society. They have, however, reduced feelings of guilt and shame in the deemphasis on home-making by identifying the <u>need</u> for Indian leadership for both male and female in several areas. This is a response to oppressive external forces which threaten the survival of the American Indian Reservation System and the preservation of cultural traditions.

These case vignettes are evidence of a growing self-awareness and self-assessment current among Indian women today. It is part of the larger issue of individual autonomy in a multicultural society. For these women it means a different type of self actualization and expression of potential than the restricted

avenues of the past. In some instances their activity could be compared to that of a religious or political leader who is willing to sacrifice everything for a cause.

Indian women are responding to external forces of oppression as well as internal forces crying for survival of a rich cultural tradition held holy and precious for thousands of years. Indian people are too small in number to restrict leadership to the male members. It is a time in history when Indian men and women must play many roles if they are to survive and keep intact their rich cultural heritage and their land base.

The Energy Crisis of the Twentieth Century has placed increased pressure on Indian Tribes holding valuable resources of oil, uranium and coal to give up their lands to the Federal Government or private interests.

The Longest Walk in 1978 from California to Washington, D.C. was a combined nation wide effort of tribes to gain support for the Cause. The participants in the Walk were men and women, young and old, who carried the pipe, Symbol of the Native American Spirit, across 3,000 miles of land which once sustained the buffalo herds, the soaring eagle and a people of habitual spiritual consciousness. The American Indian before contact with Europeans had attained perhaps the highest working concept of individualism ever practiced.

The changing roles of Indian women are in direct response to changes taking place within the local urban Indian community and on the national level. The decreasing number of eligible Indian men, increased educational opportunities, convenient day care facilities, concern for the health and welfare of Indian children,

the elderly and national energy policies are all forces which shape the status and role of Indian women. The urban environment where other ethnic female role models live is also a force which inspires Indian women to be more active in the community affairs in contrast to the former passive role of women on the reservation. Indian women are becoming more active but not to become liberated from Indian men. Their motivation is based once again upon survival of American Indians as a people. The goals of feminists is acknowledged to a lesser degree by urban Indian women. They instead see their husbands as having fewer job opportunities than themselves in a white dominated society. Ethnic discrimination is a greater issue than sexual discrimination for Indian women. Indian women use their energy conservatively and thus far show little involvement in feminist movements.

Hopefully this article will be viewed as a bridge between two cultures. A means of broadening the comprehension of non-Indians of the tremendous price that American Indians have paid in the process of European Colonization.

In addition it is hoped that the reader can catch a glimpse of where Indian women are today and where the new path leads.

"The truth comes into the world with two faces.
One is sad with suffering
and the other laughs.
It is the same face, laughing or weeping.
When people are already in despair,
maybe the laughing face is better for them."[14]

(John G. Neihardt, Black Elk Speaks)

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SEXUALITY AND AMERICAN INDIANS

By

Wynne Hanson

I. INTRODUCTION

Most of us developed our sexual attitudes and behavior from our cultural and family background. We were instructed as to who one has sex with, what kind of sex, when to have sex, where and why.

After providing sexual counseling to clients of diverse ethnic backgrounds for some seven years I became aware of an unusual situation existing in the American Indian Community. Although thousands of Indian Clients request counseling services from Urban Indian Agencies, very few suffer from sexual dysfunction.

II. SEXUAL DYSFUNCTION

"Modern society creates the illness in the first place by its deceits and hypocrisy, its concept that there is something evil and dirty about one of the most natural and basic acts the human being can perform. Among people where sexual activity is natural there are none of these ills." Sigmund Freud

Because historically most American Indians viewed sex as a natural part of life, sexual dysfunction in men and women was very rare. The picture is much the same today. In a recent survey of thousands of Indian Clients served by an Urban Indian Agency there was less than a dozen requests for counseling around problems of sexual dysfunction. Indian human Service Workers give several explanations for this apparent immunity to sexual dysfunction.

1. Most of the Clients utilizing Urban Indian Agencies represent a low degree of assimilation into the ambient society. They have little exposure to Victorian sexual norms and see sexuality as a natural bodily function.
2. Most of these clients fall into a low Socio-economic lifestyle where most energies are expended in surviving. They are less concerned about possible sexual dysfunction.
3. Discussing sexual experiences for some Indian clients remains a taboo subject. Since they do not wish to talk about this aspect of their lives the question of dysfunction remains unknown.

Indian couples may have difficulties in other areas of their relationships but rarely is it reported in their sexual activities.

Many White Anthropologists have studied in depth the sexual activities of Indian tribes perhaps to seek answers for their own sexual problems. Much of what has been recorded is inaccurate to say the least. Indians on the whole usually do not share such intimate information with outsiders. After reading many of these distorted inaccurate accounts of Indian sexual activities I agree whole-heartedly with Vine Deloria, a Lakota brother, that "Anthropologists are the Curse of the Indian people." (Deloria 1969) It is a shame that such an interesting subject as American Indians is so demeaned by the mediocre literature both literary and academic authored by non-Indians. One must read the writings of Indian authors such as Medicine, Forbes, Deloria and Brown to get a glimpse of the truth.

Of course when one analyzes the Victorian background which created the White sexually inhibited anthropologists it is easy to understand why they would be so interested in delving into the private lives of Indian people.

III. THE VICTORIAN ERA

In the late Nineteenth - Century Western societies were heavily influenced by the Victorian England philosophy of sexual repression. In this country there is still residual persistences of this attitude. Sex was not talked about in polite company. Sexual activity was viewed as something dirty and antisocial. People felt guilty when they enjoyed their sexuality. This guilt served only to heighten the importance and excitement of sex.

The Victorian era proclaimed a male-dominated Christian view of sexuality. It was important to keep the body covered. It was as if a virtuous person could not be a sexual person. Good women were not supposed to have sexual desires or to enjoy sex. Needless to say, this philosophy led to distorted relationships between men and women and increased the incidence of sexual dysfunction.

During the Victorian era Sigmund Freud, the pariah of his generation was literally ostrasized by his European Colleagues for researching and writing on the subject of sex.

The story making the rounds of medical circles at the time was:

> "It's all right to keep a garbage pail on the back porch. But Freud has attempted to set it down, with all its stinking contents, in the center of the living room. Worse, he has now put it under the blankets in everybody's bed, and allowed its stench to penetrate the nursery".
>
> (Stone 71)

Freud had the courage to theorize and write about the sexual etiology of the neurosis, the sexuality of children and the oedipel complex. Freud was called "vile", "filthy", "an evil defamer of motherhood", "a corrupter of innocent children", a pervert suffering from putrescence of mind", as a direct result of his writings.

IV. TOTEM AND TABOO

At the time Columbus came to America in 1492, the cultures of American Indians existed at all stages of development. The tribes spoke more than five hundred languages some as different as English is from Chinese. Every category of religious system known to man, including monotheism, had been evolved somewhere on the continent. Over two thousand kinds of plant food was in use and economies had been developed for harvesting the products of the seas and the lands.

Each tribal band had a totem as a family crest or symbol by which they were known. All tribes prohibited their members from marrying within their own band. There are several explanations for this practice. Most people confidently explain this prohibition by stating that all humans possess an instinctive aversion to incest. If this were true there would be no need for such elaborate and explicit rules prohibiting it in almost every society. Another explanation often presented is that the incest taboo eliminates the deleterious effects of inbreeding. The avoidance of incest has no roots in the biological nature of man, for possibly the only other animal that avoids incest is the Canada goose. Man's closest relatives, the great apes, seem to have no way of recognizing siblings.

Incest taboos obviously have nothing to do with blood kinship. It appears that the early tribes had a choice of marrying-out or being killed out. For survival they saw incest as being a threat to the entire band because it prevented alliances gained through marrying-out. In most cases marriages were alliances between families rather than romantic arrangements between individuals. It is interesting to note that these marriages survived longer than most romantic marriages in our society.

Not until Freud wrote "Totem and Taboo" did he clearly realize the degree of his own sexually oppressed background. He researched the aborigines of Australia and their avoidance of incestuous sexual relations. He was attempting to bridge the gap between students of such subjects as social anthropology, philology and folklore on the one hand, and psychoanalysis on

the other. He claimed all cultures had evolved out of a suppression of instincts.

In his second essay "Taboo and Emotional Ambivalence" he saw the Australian aborigines as having ambivalent attitudes towards their taboos. He theorized that in their unconscious, they would like to violate them (taboos) but they were afraid to do so.

In his third essay called "Animism, Magic and Omnipotence of Thoughts" he traced the origins of formal religion and compared the religious person to the neurotic living in a "World apart."

In his fourth essay "The Return of Totemism in Childhood" he compared the contemporary life of young males. He saw the totem animal being replaced by the father thus creating the conditions and explanation for his Oedipus complex.

Freud concluded that society is too blindly autocratic in demanding impossible feats of sublimation from her children. (Erikson 63) He felt that rediscovery of sexuality was the most important job to be done. For American Indians there is little need to rediscover sexuality except for those few who repressed their sexuality after being brainwashed by missionaries.

A few Indian people with high degrees of assimilation into the ambient society have fallen heir to the Victorian sexual script of repression of their sexuality. They usually seek counseling from established clinics which serve the general population. Less assimilated Indian people usually request

counseling from Indian human service workers employed in agencies serving mainly Indian Clients. More research is needed to explore effective techniques for sex therapy with Indian Clients.

V. CONCEPT OF POWER

The American Indian concept of power is not to be confused with the Freudian term libido. The orenda of the Iroquois and Wakan for the Siouan-Speakers were concepts tied to the religious system. This power was affected by interaction between men and women.

The Yurok for instance believed that contact (intercourse) with women would destroy their powers of acquiring wealth. They never allowed the two to be in contact. The Yurok man kept his wealth in the house therefore his sexual activity took place elsewhere. (Doug'ass 1966) Most Yurok children were conceived during the summer months.

Most non-Indians cannot comprehend the sexual continence which was prescribed for Warriors. Some Warriors abstained from sexual activity for weeks in preparation for battle, and for weeks after. This explains why in most instances captive women were rarely sexually molested. One must grasp the idea that Indian Warriors as well as others lived with continual spiritual consciousness. Their religion was not something they participated in for one hour a week. They daily sang songs of

this consciousness and sought guidance for their future on a daily basis. Thus sexual power and spiritual power were delicately related and interwoven.

VI. RAPE

Rape was and still is considered a gross sexual violation among American Indians. Although Indian women were often violated by European traders, trappers, and explorers, White women were seldom raped when taken prisoner by Indians.

The wife of a White Clergyman who was captive of a tribe for several months in 1676 wrote "No one of them ever offered the least abuse or unchastity to me in word or action" and other captives by the Cheyene did not report sexual mistreatment.

In the present society rape by American Indian men of Indian Women is showing a slight increase. This may be an indication of assimilation as the number of rape incidents has increased drastically in the last five years in the ambient society.

VII. HOMOSEXUALITY

The attitude of American Indians toward homosexuals has varied from acceptance and respect to public assault and disgust.

Some tribes assumed that a small number of people would deviate from the sexual norms. Certain roles were reserved for them as favored persons regardless of whether they were male or female. Some performed chants and curing ceremonies.

Male homosexuals have been ridiculed by many contemporary Native Americans. This scorn presupposes that there were none in aboriginal societies. Native Americans have been heard to say that this phenomenon is a feature of the advent of the Europeans. Ethnographic data offers evidence to the contrary. Deviants not only existed but they had honored roles. Native homosexuals were called berdache, a term first used by the French when describing this phenomenon in North America. Another term was hemaneh or Halfman-halfwoman, as deviants were called by the Cheyenne. They were not necessarily a product of male dominant or warrior societies as it has been implied. Matilda Stevenson reports of We-wha, a transvestite in the Zuni society, which is matrilineally organized. These people were highly regarded.

Although the hemaneh's main ritual function was to conduct the ceremony of the Cheyenne Scalp Dance, acceptance of these individuals extended into the larger society. Their roles were many-faceted.

Among the Kaska, in Canada, lesbianism was not only accepted but actually initiated and encouraged at times. (Niethammer 1977) In contrast homosexuality was totally forbidden among the Chiracahua Apaches. Such behavior usually led to death.

Recently an organization of Gay Indians was stoned and prevented from using an arts and crafts booth at an Indian gathering. Such reactions indicate an unfriendly and oppressive attitude toward sexual freedom of homosexuals in some Indian communities.

VIII. SEXUAL OPPRESSION

In reviewing the literature it is obvious that all societies-- past and present-- have shaped sexual behavior. (Mace 1975) The right to reproduce was usually approved for the wealthy and educated members of society. According to Harvey Gochros the sexually oppressed are the elderly, the handicapped, homosexuals, the poor, the imprisoned, the institutionalized and members of oppressed ethnic minorities.

American Indians are one of the most oppressed of ethnic minority groups. Recently reports of sterilization of Indian women by the Indian Health Service has been widely publicized. The Indian Health Service has denied that any woman was sterilized without her written consent. An investigation is being conducted to get the facts in this very serious matter.

The availability of abortions for poor women in our society is again being questioned as the pendulem swings back in the opposite direction.

Federal rules provide one standard for poor persons whose operations are paid for by the government and another for those who pay for their own and that's what a number of female health activists complain about. They testified at the first of two hearings of the state Department of Health Services on the new rules of the U.S. Department of Health, Education and Welfare.

The witnesses generally considered the federal relations as stricter than the state's. But the state's protections were

considered superior. Some praised the state's informed consent procedure, which requires oral and written explanations for the non-English speaking.

"The more stringent aspects of the new federal regulations should be incorporated with the state's protective provisions," said Laura Rodriguez of the San Francisco-based Coalition for the Medical Rights of Women.

For poor persons on Medi-Cal, the federal regulations raise the age limit for elective sterilization from 18 to 21 years. But for those who pay for their own operations, there is no lower age limit.

The federal rules also prohibit a woman on Medi-Cal from being sterilized when she gets an abortion, requiring her to wait 30 days instead of the present 14 days under state rules. Private patients have no such prohibition.

"If the federal government is setting standards for protection, they should be set for all women and not based on the method of payment," said Dolores Barrett, spokeswoman for Woman Care, a San Diego women's health clinic group.

Many Indian women are affected by these federal rules.

IX. CONCLUSION

I have briefly touched upon aspects of sexuality in the Indian Community. It is unlikely that a comprehensive study of sexuality in this population will occur anytime soon. The cooperation of subjects, their attitudes toward researchers and the sensitivity of the topic negate future projects in this area. In addition, there appears to be no urgency to conduct such a study since sexual dysfunction does not appear to be a problem.

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THE AMERICAN INDIAN ELDER

By

Wynne Hanson

THE AMERICAN INDIAN ELDER

There isn't any doubt in my mind, or in the minds of any of us who are working in the field of Aging, that, by any social or economic indicators commonly used to reflect conditions under which people live, American Indians frequently fall into the lowest of categories. And there is no question in our mind that no other group of older Americans is faced with so stark a prospect in their old age as is the elderly American Indian . . . There are many members of the Indian community who can be classified as older persons whose annual incomes are below the poverty threshold. That is an indefensible situation, but that is something that we have to keep working on until we get a correction.

Dr. Arthur S. Flemming
Commissioner on Aging

I. INTRODUCTION

National attention was first drawn to the plight of the Indian elderly when a Special Concerns Session on the Elderly Indian at the 1971 White House Conference on Aging identified a number of issues which were subdivided into the following categories:

Income	Nursing Homes
Housing	Transportation
Legal	Education, Physical and Spiritual Well-being
Nutrition	Health

In each of the identified subject areas, the Indian delegates made specific recommendations for remedial action. The recommendations were included in the Conference report and largely ignored. In preparing this report I discovered that many of the same needs designated above were still unmet needs of Indian elders living in the Bay area. It appears that the Indian elder as well as elders in the dominant society are not given high priority in provision of needed social and health services. A unique situation exists with Indian elders because of their reluctance to use the services provided for societies seniors. This problem is of long standing and dates back to a basic mistrust of the non-Indian community.

II. INDIAN RELATIONSHIPS WITH THE FEDERAL GOVERNMENT

The relationship between the federal government and the Indian communities has oscillated between two extremes. On the one hand, the government has treated Indians as subjects, circumscribing them geographically and preventing the emergence of indigenous sources of authority. On the other hand, the government threatens to terminate its trustee relationship, which would mean that Indian tribes would eventually lose any special standing that they had under federal law. For example, the tax exempt status of their lands would be discontinued, and federal responsibility for their economic and social well-being would be discontinued. Tribal property would be divided among individuals. They would presumably be assimilated into society at large.

Both of these policies have had severe and debilitating impacts on Indians (Nixon 1970). In reaction to colonialism, many individual Indians have been socialized to expect outsiders to run their affairs and to determine the conditions of their lives. Terminating the special status of Indians has led to economic difficulties and eventual return to poverty and dependence in the few instances in which termination has actually occurred (Driver 1969; Jenny 1969). After years of external control, sudden independence produced considerable disorientation among the affected Indians. With no experience in managing land or money, a number of them immediately sold their new property and squandered the money. They were once again dependent on the federal government, but in a more demeaning way than before (Driver 1969). Threats of termination contribute to dependency. Any step on the part of individuals or tribes that might result in greater social, economic, or political autonomy is regarded with suspicion by many Indians who fear that it will only bring them closer to termination of special status (Nixon 1970). In short, the fear of one extreme policy--forced termination-- has often worked to produce the opposite extreme: excessive dependence on the federal government.

Vacillation between these policy extremes has contributed substantially to the Indians' distrust of the federal government. In the wake of successful group strategies on the part of blacks and other minority groups, Indians are beginning to assert their need for self-determination within a context of limited but necessary federal support and involvement. Recently, the return of lands to individual Indians has resulted in tribal or community owned enterprises on these lands, rather than the earlier pattern of quick sales to whites and quick poverty (Driver 1969). Indians are beginning to press for legislation and policies to ensure Indian control of federal policies and programs designed to serve Indians.

III. REVIEW OF THE LITERATURE

On virtually every index of social status, employment, income, education, and health, the condition of the Indian people ranks below that of all other groups (Nixon 1970). Although the social science literature reflects to a substantial degree this low status and isolation, there is very little on Indians as a group, and even less on elderly Indians, in the health, welfare, psychological, or other literature. Two factors contribute to this scarcity. One is the relatively small number of Indians in the United States. In general it is only when their numbers are large and their members potentially or actually cohesive that they receive a large amount of attention. Another contributing factor is that Indians are in no sense a homogeneous group. The 1970 census of population lists over 500 tribes to which American Indians belong, and tribal differences emerge consistently in the literature on American Indians (e.g., Martin 1963).

Generally speaking, the literature that is available on Indians, and elderly Indians in particular, is not of very high quality. At least two potentially interesting empirical studies (McClure and Taylor 1973 and DeGeyndt 1973) are of limited usefulness because their samples are drawn from only one city (Dallas,

Texas, and Minneapolis, Minnesota, respectively), and the elderly are largely ignored. The studies are valuable chiefly because they provide data on family composition and the incidence of the elderly within those families.

Martin (1963), Graves and VanArsdale (1966), and Sorkin (1969) focus on urban experiences, particularly factors affecting successful relocation from the reservation. Sorkin, and Graves and VanArsdale in particular consider urban relocation programs sponsored by the Bureau of Indian Affairs (BIA), which serve young wage earners and therefore ignore the elderly. Some statistical reports (e.g., Hill and Spector 1971; Benedict 1972) provide interesting data but do not analyze these data in a sophisticated manner nor suggest or test causal hypotheses.

A number of other studies (e.g., Castro 1972; Advisory Council 1971), in their zeal to make a political point about the urgent needs of Indians, sacrifice the methodological and analytic rigor that would impart value to their work in terms of designing programs to aid Indians. Guidotti (1973 and Ablon (1965) use quasi-anthropolitical methodology to discuss Indians. Guidotti fails to report a more rigorous methodology which apparently existed in the work of which he was a part, while Ablon seems to use her "data" to support her middle-class biases.

There is a little in the literature on services delivery, except for a few government reports which attempt to make recommendations about improving services delivery to American Indians (Advisory Council 1971; U.S. Senate 1970).

The scarcity of the Indian literature makes an understanding of services delivery to American Indians problematic, particularly in the case of the elderly. Knowing about the needs and problems of groups facilitates the design of services delivery systems, and we know little about the needs and problems of American Indians.

IV. NEEDS OF THE ELDERLY

To get some idea of the status of elderly Indians it was necessary to conduct a needs assessment in the seven county Bay Area.

The data presented is drawn from the 1970 Census, the 1977 figures from the Administration on Aging and 1978 reports from local agencies serving the Indian elderly in the Bay Area.

The local agencies contacted were the Intertribal Friendship House, Oakland; Urban Indian Child Resource Center, Oakland; American Indian Center, San Francisco; American Indian Center, San Jose; Department of Social Services, Santa Clara County; Urban Indian Health Clinic, San Francisco.

The number of elderly Indians served by these agencies totaled 202
It is possible that some clients were served by more than one of these agencies.

A needs assessment conducted in March of 1976 by the National Indian Council on Aging (NICOA) indicated that Indian elders in the San Francisco area had the following needs:

Senior Citizen Center

Day Care

Homemaker Services

Shopping Services

Transportation

Legal Services

Police Protection - Security

Health Services

Meals on Wheels

Retirement Counseling

A needs assessment conducted by the author in November 1978 indicated that Indian elders continued to have many of the same needs:

Mental Health Services

Meals

Dental Services

Transportation

Homemaker Services

Social Activities

Employment Services

Nursing Homes

Indians, in the Bay Area, number approximately 40,000 for all ages. According to the Administration on Aging (March 1977) there were 6,522 Indian elders living in California. The San Francisco - Oakland area is considered to have approximately ¼ of the Indian population in the state. According to these figures, the San Francisco - Oakland area would have 1630 Indian elders over the age of 60.

According to the 1970 Census, there are 3361 Indian people presently living in the San Francisco - Oakland area over the age of 52. The breakdown by sex is 1606 men and 1755 women. The Older American Act recognizes that Native Americans die at earlier ages than the general population and therefore have allowed Indians to become eligible at age 45 for their services. It is not known how many Indians age 45 and older live in the Bay Area. However, using the statistics for Indian elders age 52 and older (3361) and subtracting the number of Elder clients served (202) we can assume that 3159 Elder clients are in need of services. It is well documented that Indian clients do not voluntarily use services requiring them to be lumped together with other ethnic populations. The exception to this is when hospitalization is required and when income maintenance is required.

V. INDIANS AND THE OLDER AMERICANS ACT

The basic purpose of the Titles III and VII of the Older Americans Act is to foster the development of coordinated, comprehensive service systems to assure services to the elderly. States (in 1977) allocated $5,042,589.00 for services to the elderly American Indians under Titles III and VII of the Older Americans Act.

Overall, there is lack of data regarding the benefits received by older Indian people from the various Older Americans Act programs. Even those that are available are 'guess estimates' at best and are deemed unreliable by Administration on Aging staff.

However, after analysis of available data, there can be drawn some conclusions that seem to be valid. Some of these are presented in the following tabulations.*

There are 20 states in the union which are providing Title III funding to Indian tribes.

The funding levels from States to Indians range from a high of $245,499 in Arizona to a low of $3,550 in New Mexico. (Some states provide no funding at all to Indians.)

The highest annual per elderly Indian expenditure projected was $368.96 in Wyoming; the lowest 73¢ in New Mexico.

The top five states with significant elderly Indian populations are Oklahoma, California, Arizona, New Mexico and North Carolina.

There are 538 Area Agencies on Aging in the country. Currently there are only 5 Indian AAA's, 2 in Washington, 1 in Utah, 1 in New York, 1 in Montana.

There are approximately 22 states which fund Indian Title VII projects.

The Title VII funding level ranges from a high of $585,000 in California to a low of $5,000 in Rhode Island.

* Source: Records of the Administration on Aging, Washington , D.C., March 1977, pp. 124-125.

VI. THE ROLE OF THE ELDERLY INDIAN

The elderly Indian, down through the years, has been the preserver of the Indian race, Indian culture, Indian history. Indian people have never been ashamed of growing old. They merely accept it as a fact of life because they understand the forces of life and the forces of nature, that all and everything that lives also decays.

The Indian elders have always been a part of the extended family. Being the heart and the center of the Indian family, they bring into the family unit an experience, maturity. They also bring us knowledge, wisdom.

One of the greatest values of the Indian elderly is that they represent to us a repository. All that we like to claim and talk about as Indian didn't come to us from the university or the high school; it came to us from the Indian elderly. All that we hold dear and so precious in our Indianness comes from those who have gone before us. When we look at the Indian elderly, there is something in them, with them, that is so precious.

Today, we salute the Indian elder for preserving what is left of the Indianness. Let us continue to hold hands and join forces and, in the name of Indians, while this country is lost in red, white and blue, let us become lost in our Indianness and maintain our identity in our Indian community.

Wendell Chino, President
National Tribal Chairmen's Association

A realization which emerged very clearly from this study was the fact that the Indian elders, who once occupied the place of honor in the Indian Society are worthy of regaining that stature in full measure. Under the pressures of the surrounding non-Indian society, the younger Indian generation has gradually begun to adopt an attitude of neglect and disrespect of its elders, never giving thought to the fact that the Indian elders are the guardians and the repository of that cultural tradition which makes the Indian people unique.

The dominant society rewards the "productive" and punishes the dependent --- and the aged must depend on others. Their social crippling is inherant in society's treatment of them, as a group their social position and resources are unfavorable. In common with other socially deprived and impaired groups, aged persons live in a special, segregated social world. The biological changes which the aging person faces, and to which medical and social agency practices are addressed, obviously affect his social functioning and independence.

The older person's disruptions and estrangements stem not only from changes in his own life but in his social world; His own serious sickness and the death of others; physical separations from family and friends and disturbed personal relationships; personal sorrow and anxiety and economic catastrophe.

In later years, the individual may suffer cultural shock, finding himself in an unfamiliar world; New math, new opiates, new spaces, new recreations, new knowledges -- a world in which friends are lost and only acquaintances have the same problems. His children's world neither knows him nor is its social organization geared to his particular needs. His range of social roles is reduced; as his life's facets diminish, life loses some of its sparkle. He is conscious of being a problem to himself and others; he is aware of his own fears.

As the aging person begins to feel his powers decline, he looks with increasing intentness for someone to cling to, a familiar comforting relationship in a world of strangers. In his search for aid from those about him, an increasing need as his own faculties fail, he suffers a damaging change in the pattern of relationships. He becomes prey to anxiety about his remaining life career and his capacity to stay afloat.

VII. MENTAL IMPAIRMENT COMMON

Many physicians have observed that the most common disorders in old age are organic mental impairment and depression - both progressive, especially if untreated, and both requiring ameliorative treatment by psychiatrically oriented or psychologically sophisticated personnel. Such personnel require training in order to satisfy the emotional and physical dependence of aged persons on others, almost universal with growing sickness and advancing years.

The aged individual is dependent on others for many things often requiring assistance to manage this daily life. In view of his vulnerability to exploitation or neglect and personal powerlessness, the older person with impairments also often requires "social guardians" to safeguard his rights to help, the quality of services and care and the personal direction of his life.

No amount of health services avail if an aged person lives in an unsafe house, cannot have his daily needs met, reach his family, meet with his friends, pursue his interests or talk with his counselor. For truly comprehensive, effective medical care, the patient must have good housing, ways of managing money and access to family, social and intellectual activities and to helping agencies. Unless medical care is considered only one of a wide range of social supports, its effectiveness and utility will be reduced. Many Indian Elders do not receive even minimum health care.

VIII. UNDERSTANDING THE ELDERLY

Some personality concepts are useful as practical guides to understanding older persons in need. One aspect of great utility is how an individual habitually solves his problems - his adaptive strategy to meet daily problems. We then can use his problem-solving behavior as the functional view of the individual in action, coping with changes in himself and his environment.

The problem-solving function of personality does not change in old age; individuals must cope with problems and adapt to changes throughout life, including the stages of aging and old age. But their capacities for coping may change and, as a consequence, so may their behavior.

Aging may be defined as a process in which adaptive resources are being lost. Reduced ability to function independently obviously decreases one's self-reliance; aging therefore becomes a period of increasing real and felt dependence on others. However, the presence of need does not alone guarantee that help is forthcoming,

and the aging person - sensing a growing helplessness - intensifies his attempts to obtain support from others. He himself signals his increasing need and anxious feelings of need for others - his dependent state.

This shift in direction, from solving his own problems to finding someone to solve them for him, is a cardinal aspect of personality change useful in developing practical approaches to the aging individual. Attempts by practitioners to change aging patients or clients who rely on emotional support from others into self-reliant individuals, independent of the wishes or values of others, can shatter them. In addition, the practitioner serving the Indian Elder needs to be aware of tribal differences and customs which are meaningful to the Indian client.

IX. FINDINGS AND RECOMMENDATIONS

This descriptive, exploratory field study reveals several major problems in service delivery to Indian Elders.

FINDINGS

1. Indian Elders represent a group whose cultural values and institutions conflict with Anglo values.
2. Most of the existing services specifically for the elderly are almost exclusively imposed from the outside and pursue objectives that seem ambivalent and foreign.
3. Present-day problems of Indian elders are basically economic and psychological -- poverty and the life styles of economic dependency.

RECOMMENDATIONS

1. Indian Elderly should participate in planning of their own programs to insure cultural compatibility with their values.
2. Urban Indian Centers staffed with Indian personnel should take the initiative in providing facilities for social activities for the Indian Elder.

3. Urban Indian organizations should cooperate in working toward the establishment of nursing care facilities in both the private sector and public hospitals with linkages with Indian Social Service support personnel.
4. Urban Indian organizations should provide transportation for the elderly to increase access to services.
5. Urban Indian organizations should improve linkages with programs on reservations to provide continuity of services when the Indian elder returns to a reservation.
6. Greater flexibility of programs should be studied such as alternatives to nursing homes. In cases where elderly individuals wish to be taken care of by their families and the families are able to do so, government funds be given the family to provide this care. Such care would unquestionably be cheaper than that provided by nursing homes, and given that nursing homes are geographically inaccessible to most Indians today, it might be a viable short term as well as long term solution to the problem of providing nursing services.

Study of this proposal, including a possible demonstration project, seems warranted.

X. SUMMARY

Urban Indian Elders are without the jurisdiction and concern of the Bureau of Indian Affairs. Until recently, their existence in urban areas has been largely unnoticed. Coming from backgrounds and cultures in which overaggressiveness is discouraged and in which paternalism is the general policy of services-providing agencies, they have not made the necessary attempt to make themselves known or to receive the things they need from available agencies. The problem is compounded, because the personnel of the agencies with which they must deal are strangers to them.

In many cases, these agencies are unwilling to serve them, feeling that the BIA should provide services to them.

In any consideration of the design or redesign of services delivery to elderly Indians, it is important to keep in mind the unique relationship that Indians have and have had with the federal government. In this respect, Indians are quite unique from other minority groups. A number of spokespersons have suggested that under no conditions would Indians ever trust the federal government; such feelings may make it virtually impossible for Indians to use state and county mental health and social service programs. This places heavy responsibility on Urban Indian organizations to provide much needed services to the Indian Elderly. Indian Center personnel need to become knowledgeable about the Older American Act and guidelines for developing programs for the Indian Elderly.

Indian Agencies on aging need to be formed to participate in planning of programs if the Indian Elder is to be adequately served.

The minute amount of empirical data that exists suggests that at least in limited areas, Indians do take advantage to some extent of services such as income maintenance and health care. However, health, income, and educational statistics, as well as data on adequacy of housing indicate that whatever the current level of utilization of services, the unmet needs of the Indian Elderly are overwhelming.

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